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Bib Data Sheet

CONFIRMATION NO. 9276

<b>SERIAL NUMBER</b> 10/671,719	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 11122-033-999	
<b>APPLICANTS</b> Harry A. Dugger III, Flemington, NJ; Mohammed Abd El-Shafy, Hauppauge, NY;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/230,085 08/29/2002 which is a CIP of 09/537,118 03/29/2000 which is a CIP of PCT/US97/17899 10/01/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/18/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 188	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 24998					
<b>TITLE</b> Buccal, polar and non-polar spray containing atropine					
<b>FILING FEE RECEIVED</b> 2162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		